

State of Minnesota

County

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Dissolution

In Re the Marriage of:_____
Name of Petitioner

vs.

Name of Respondent**☐ Petitioner's ☐ Respondent's
Prehearing Statement****1. Personal Information****Husband****Wife**

- a. Full Name _____
- b. Present Mailing Address _____
- c. Employer Name _____
- d. Employer Street Address _____
- City, State, Zip _____
- e. Birthdate _____
- f. Marriage Date _____
- g. Separation Date (Different Residences) _____
- h. Date(s) of Temporary Order(s) (if any) _____
- i. Minor child(ren) of this marriage or who will be affected by this legal action are:

Full Name of Child	Date of Birth	Age	Living With

- j. Is the wife now pregnant? ☐ NO ☐ YES, the due date is: _____ .
- k. Is the issue of legal or physical custody contested? ☐ NO ☐ YES. If custody is disputed, each party shall submit proposals for custody and parenting time for each child as Exhibit 1A.

2. EMPLOYMENT: Provide the following data for each employer. Attach prior month(s) paycheck stub(s) as Exhibit 2A.

	Husband	Wife
a. Name of Employer	_____	_____
Length of Employment	_____	_____
b. Income:		
(1) Gross Income per Month (Monthly income is to be calculated using a 4.3 multiple)	\$ _____	\$ _____
(2) Statutory Deductions:		
Federal Income Tax	\$ _____	\$ _____
State Withholding	\$ _____	\$ _____
Social Security (FICA) and Medicare	\$ _____	\$ _____
Pension Deduction	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Dependent Health/ Hospitalization Coverage	\$ _____	\$ _____
Dental Coverage	\$ _____	\$ _____
(3) Subtotal Statutory Deductions	\$ _____	\$ _____
(4) Net Income (line 1 subtract line 3)	\$ _____	\$ _____
(5) Other Paycheck Deductions (specify)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
(6) Subtotal Other Deductions	\$ _____	\$ _____
(7) NET TAKE HOME PAY (line 4 subtract line 6)	\$ _____	\$ _____

- c. Tax withholding figures above are based on Married/Single taxpayer status with what number of

deductions? (Example: M-4 or S-2) _____

- d. Will your medical and dental insurance coverage be available for your spouse and children after the dissolution?

☐ YES ☐ NO

- e. Other Income:

(1) Public Assistance (AFDC/GA)

\$ _____

\$ _____

(2) Social Security Benefits
for party or child(ren)

\$ _____

\$ _____

(3) Unemployment/Workers Comp.

\$ _____

\$ _____

(4) Interest paid per _____

\$ _____

\$ _____

(5) Dividend paid per _____

\$ _____

\$ _____

(6) Gross Rental Income

\$ _____

\$ _____

(7) Other Income (specify):

\$ _____

\$ _____

\$ _____

\$ _____

- f. List all employment benefits received, including but not limited to bonuses paid or due, automobile or travel expense reimbursement, other per diem compensation, and memberships paid by the employer:

Petitioner: _____

Respondent: _____

3. CHILD SUPPORT/SPOUSAL MAINTENANCE:

- a. As a result of a different case, Petitioner (*check one*): ☐ pays ☐ receives

(*check one or both*): ☐ child support ☐ maintenance.

If an amount is paid or received, the amount paid/received each month for child support is \$_____ and for maintenance is \$_____ according to the Order issued in _____ County, dated _____ and there (*check one*):

☐ is not an arrearage ☐ is an arrearage in the amount of \$_____.

- b. As a result of a different case, Respondent (*check one*): ☐ pays ☐ receives

(*check one or both*): ☐ child support ☐ maintenance

If an amount is paid or received, the amount paid/received each month for child support is \$_____ and for maintenance is \$_____ according to the Order

issued in _____ County, dated _____ and there
(check one): ☐ is not an arrearage ☐ is an arrearage in the amount of \$_____.

- c. In this proceeding a temporary order (check one): ☐ has not been issued ☐ has been issued
and includes an order for:

(1) ☐ Child support to be paid by (check one): ☐ Petitioner ☐ Respondent
in the amount of \$_____ per month and there (check one):

☐ is not an arrearage ☐ is an arrearage of \$_____.

(2) ☐ Maintenance to be paid by (check one): ☐ Petitioner ☐ Respondent
in the amount of \$_____ per month and there (check one):

☐ is not an arrearage ☐ is an arrearage of \$_____.

4. LIVING EXPENSES: List your necessary monthly expenses:

- | | |
|--|----------|
| a. Rent | \$ _____ |
| b. Mortgage Payment | \$ _____ |
| c. Contract for Deed Payment | \$ _____ |
| d. Homeowner's Insurance | \$ _____ |
| e. Real Estate Taxes | \$ _____ |
| f. Utilities | \$ _____ |
| g. Heat | \$ _____ |
| h. Food | \$ _____ |
| i. Clothing | \$ _____ |
| j. Laundry and Dry Cleaning | \$ _____ |
| k. Medical and Dental | \$ _____ |
| l. Transportation (includes \$_____ car payment) | \$ _____ |
| m. Car Insurance | \$ _____ |
| n. Life Insurance | \$ _____ |
| o. Recreation, Entertainment and Travel | \$ _____ |
| p. Newspapers and Magazines | \$ _____ |
| q. Social and Church Obligation | \$ _____ |
| r. Personal Allowances and Incidentals | \$ _____ |
| s. Babysitting and Day Care | \$ _____ |
| t. Home Maintenance | \$ _____ |

u. Child(ren)'s School Needs/Allowances \$ _____

v. Additional expenses (specify)
_____ \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

5. **REAL PROPERTY:** Provide the following information for real property owned by you and/or your spouse. If more room is needed, attach another sheet of paper labeled as Exhibit 5A.

	Homestead	Other Property
a. Date Acquired	_____	\$ _____
b. Purchase Price	\$ _____	\$ _____
c. Present Fair Market Value	\$ _____	\$ _____
d. First Mortgage Balance	\$ _____	\$ _____
e. Second Mortgage Balance or Home Improvement Loan	\$ _____	\$ _____
f. Net Value	\$ _____	\$ _____
g. Monthly Payment (PITI)	\$ _____	\$ _____
h. Rental Income, if any	\$ _____	\$ _____
i. Title in name(s) of	_____	_____

6. **PERSONAL PROPERTY:** List the fair market value of the following person property:

	In Name or Possession of		
	Husband	Wife	Both
a. Household contents	\$ _____	\$ _____	\$ _____
b. Stocks, Bonds, etc. (list)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
c. Checking Accounts (list)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
d. Receivables and Claims (list)			

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

e. Motor Vehicles (cars, trucks, vans):

	(1) Make/Model/Year	(2) Make/Model/Year	(3) Make/Model/Year
	_____	_____	_____
Market Value	\$ _____	\$ _____	\$ _____
Encumbrance	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____
In possession of	_____	_____	_____

f. Boats, Motors, Campers, Snowmobiles, Trailer, etc.:

	(1) Make/Model/Year	(2) Make/Model/Year	(3) Make/Model/Year
	_____	_____	_____
Market Value	\$ _____	\$ _____	\$ _____
Encumbrance	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____
In possession of	_____	_____	_____

g. Other (such as power equipment, tools, guns, valuable animals, etc.):

	(1) Description	(2) Description	(3) Description
Market Value	\$ _____	\$ _____	\$ _____
Encumbrance	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
In possession of	_____	_____	_____

7. NONMARITAL CLAIMS: List all items you claim are your nonmarital property.

Items Claimed as Nonmarital

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. LIFE INSURANCE: List all insurance policies owned by you and your spouse.

	Policy 1	Policy 2	Policy 3
Company	_____	_____	_____
Policy Number	_____	_____	_____
Type (Whole or Term)	_____	_____	_____
Face Amount	\$ _____	\$ _____	\$ _____
Cash Value	\$ _____	\$ _____	\$ _____
Loan Balance	\$ _____	\$ _____	\$ _____
Insured	_____	_____	_____
Beneficiary	_____	_____	_____
Owner	_____	_____	_____

9. PENSION PLAN AND/OR PROFIT-SHARING PLAN:

	Husband	Wife
a. Plans Through Employment:		
Present Cash Value	\$ _____	\$ _____
Vested or Nonvested	_____	_____
b. Private Plans (IRA, Keogh, SEP, etc.)		
Present Cash Value	\$ _____	\$ _____
c. Deferred Compensation	\$ _____	\$ _____
d. Military Pension or Disability	\$ _____	\$ _____

10. DEBTS: List all debts not already listed in paragraphs 4 or 5. If more room is needed, attach a schedule for secured debts labeled as Exhibit 10A and a schedule for unsecured debts labeled as Exhibit 10B.

	Debt 1	Debt 2	Debt 3
a. Secured Debts			
Creditor	_____	_____	_____
Balance Due	\$ _____	\$ _____	\$ _____
When Incurred	_____	_____	_____

Party Obligated	_____	_____	_____
Reason for Debt	_____	_____	_____
Total Secured Debt:	Husband\$ _____	Wife\$ _____	Joint\$ _____
b. Unsecured Debts	Debt 1	Debt 2	Debt 3
Creditor	_____	_____	_____
Balance Due	\$ _____	\$ _____	\$ _____
When Incurred	_____	_____	_____
Party Obligated	_____	_____	_____
Reason for Debt	_____	_____	_____
Total Unsecured Debt:	Husband\$ _____	Wife\$ _____	Joint\$ _____

The statements made by me in this Prehearing Statement are true and correct to the best of my knowledge.

DATED: _____

Signature of ☐ Petitioner ☐ Respondent

Signature of Attorney (if any)

Attorney Name: _____

Address: _____

City/State: _____

Telephone: (____) _____

Attorney I.D.: _____